



My Health LA - CAPACITY PROFILE

Date Completed: Agency Name: (Enter Legal Name Only)**CLINIC SITE LOCATION:**

Site Name: <input type="text"/>	Address: <input type="text"/>	City/State: <input type="text"/> , <input type="text"/>	Zip Code: <input type="text"/>
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ABOUT THE CLINIC SITE CAPACITY SURVEY:

This survey is intended to help the Department of Health Services determine programmatic and Countywide capacity to serve My Health LA (MHLA) patients.

There are numerous ways that capacity can be determined. For example, capacity can be calculated by examining the total number of patients (from all payor sources) seen at a particular site, next or third appointment availability, and total FTEs and exam rooms. Appointment availability is influenced by, but not limited to, factors such as number of clinicians and/or primary care providers, number of examination rooms, provider productivity, and clinic operations (i.e., days of the week and hours in the day) for a given site. This survey will help the Department obtain a sense of your clinic's capacity.

Please complete this form for each of your clinic sites. (Click and type in the **GRAY HIGHLIGHTED** placeholders below.)

CAPACITY AND UTILIZATION OVERVIEW:

Primary Care Service Capacity:	Expected annual capacity for MHLA enrolled members for the first year at this site:	<input type="text"/>
	Average number of visits per patient per year at this site:	<input type="text"/>
	Expected number of clinicians and/or Primary Care Providers (Medical Doctors/Nurse Practitioners/Physician Assistants):	<input type="text"/>
	Total Primary Care Provider Full-Time Employees (FTEs): (If you have part-time employees (PTE), please combine to calculate total FTE at this site)	<input type="text"/>
	Number of existing exam rooms: <input type="text"/>	Number of exam rooms per clinical FTE: <input type="text"/>
	Number of Certified Enrollment Counselors (CECs)/Certified Application Assistors (CAAs):	<input type="text"/>

Dental Care Service Capacity: (Only if Applicable)	Total Existing Dental Chairs:	
	Total Existing Dental Chairs per FTE:	
	Total FTE:	
	Total Expected Annual Dental Capacity:	
	Total Expected Number of Dentists:	

Other Capacity:	Please provide estimates of how many My Health LA patient referrals you anticipate for this site.		
	To DHS Specialty Care: <input type="text"/>	To DMH: Outpatient or Specialty Mental Health: <input type="text"/>	To DPH: Substance Abuse: <input type="text"/>

CAPACITY SURVEY (The following questions will help the Department understand your potential capacity for new MHLA patients.)	
1. On average, how many days did an established patient have to wait for a new appointment at this site last year (FY _____)? <input type="text"/>	
First Available: <input type="text"/>	Third Available: <input type="text"/>
2. On average, how many days did a new patient have to wait for a new appointment at this site last year (FY _____)? <input type="text"/>	
First Available: <input type="text"/>	Third Available: <input type="text"/>
3. What is the primary reason that NEW patients had to wait for an appointment at this site last year?	
<input type="checkbox"/> Need to keep slot open for specific payor source: <input type="text"/>	
<input type="checkbox"/> Reached capacity for new patients	
<input type="checkbox"/> Clinic staffing changes	
<input type="checkbox"/> Capital project (i.e. remodeling, construction)	
<input type="checkbox"/> Other: <input type="text"/>	
4. Total number of established patients in this clinic: <input type="text"/>	
5. Please feel free to provide any additional information that would help the Department understand any relevant circumstances related to your capacity to see My Health LA patients at this site: <input type="text"/>	

Form Completed By:

Telephone Number:

Email: